

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2215-62-008890
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2215

FILED FEB 28 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b
2 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

4437 Red Bud Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

FRANK

Middle

J.

Last

WALLACE

4. DATE OF DEATH

Month

Day

Year

FEBRUARY 20

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-16-1933

9. AGE (last birthday)

28

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

11. BIRTHPLACE (City and state or country)

Scobey, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sam Wallace

13b. MOTHER'S MAIDEN NAME

Mary Torrance

14. NAME OF HUSBAND OR WIFE

Rosemary Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) If yes, give war or dates of service
Yes Korean War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Rosemary Wallace 4437 Red Bud

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MONOCYTIC LEUKEMIA

INTERVAL BETWEEN ONSET AND DEATH

6 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCTOBER 9, 1961** to **FEB. 20, 1962** and last saw her alive on **FEBRUARY 20, 1962**

Death occurred at **4:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

2/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-26-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Jefferson Bks. Mo.

24. JUNEAL DIRECTOR

ADDRESS

1221 North Grand Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 23 1962

26. REGISTRAR'S SIGNATURE

Harold Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Oliver E Crumble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Crumble
Signature of Student Embalmer

Signed Marvin Blackburn
Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.